

ASSESSMENT OF OVERALL DATA QUALITY AND COMPLETENESS MARYLAND 1999 TABLES

Nine tables for each State show the use of mental health and other services by Medicaid beneficiaries with mental health diagnoses in 1999. Enrollment and claims data from the Medicaid Analytic eXtract (MAX) files from the Centers for Medicare & Medicaid Services (CMS) are the source for these analyses. Because Medicaid programs differ across the States, and because administrative data vary in completeness and quality, caveats about the State's data should be considered in interpreting the information contained in these tables.

Maryland Data Comments

Emergency Room: Maryland's data show unusually high utilization of emergency room services. Many of these services are also identified as "rehabilitation services," which are unlikely to be performed in the ER; therefore ER use rates may be inaccurate (Table 5).

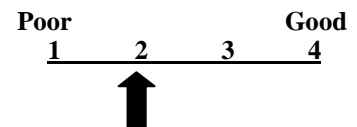
Diagnosis Codes: Diagnosis coding on claims was relatively complete, except on LT claims. Missing LT diagnoses are unlikely to have a significant impact on MH identification.

Enrollment: In November and December 1999, Maryland enrolled approximately 55,000 adults and children whose Medicaid benefits had been improperly terminated in 1997; these individuals are enrolled for only a portion of the year but appear as beneficiaries on Table 1.

Restricted Benefits: Except in the case of dual eligibles, these tables do not distinguish beneficiaries with restricted benefit packages from those entitled to full Medicaid benefits. As many as 50,000 women in Maryland's Medicaid program may qualify for only family planning benefits. Because these individuals did not qualify for coverage of most mental health services, rates of identified mental health beneficiaries among the female FFS population may appear low.

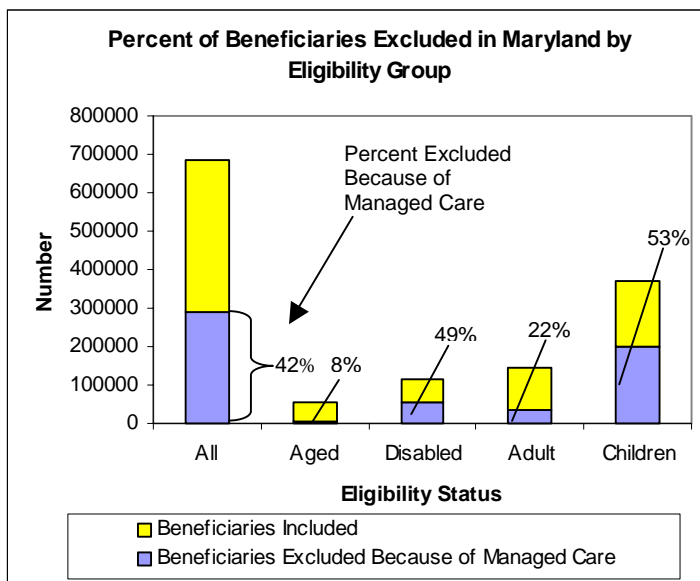
Inpatient Days: Maryland's inpatient crossover claims rarely included covered days. This causes inpatient hospital stays for groups of Medicaid beneficiaries that include a high proportion of dual eligibles (most aged and many disabled beneficiaries) to average "1" day in length, and explains the other low numbers that appear for some groups on Table 4.

MARYLAND DATA QUALITY AND COMPLETENESS



*The measure shown above reflects both managed care exclusions and other data issues noted to the left.

IMPACT OF MANAGED CARE EXCLUSIONS



Individuals who are enrolled in comprehensive or behavioral capitated programs for all months enrolled are *excluded* from Tables 2 - 9 in the attached set of tables; those enrolled in fee-for-service Medicaid for at least one month are *included* in Tables 2 - 9. The effects of these exclusions vary by state, and, within state, by eligibility group. Maryland's managed care exclusions are shown in the graph on the left.

TABLE 1
MEDICAID BENEFICIARIES AND EXPENDITURES
TOTAL AND FEE-FOR-SERVICE (FFS)
MARYLAND, CALENDAR YEAR 1999

Population Characteristics	Beneficiaries				Expenditures			
	Total Number	Percent of Total Beneficiaries	Number in Fee-for-Service (FFS) One or More Months	Percent in FFS One or More Months	Total Expenditures	Percent of Total Expenditures	Total for FFS	Percent for FFS
All	686,834	100%	395,029	58%	\$2,667,698,793	100%	\$1,369,182,103	51%
Age								
0-3	103,428	15%	43,339	42%	\$181,195,763	7%	\$29,109,796	16%
4-5	44,582	6%	21,975	49%	\$53,214,842	2%	\$7,277,261	14%
6-12	146,386	21%	66,557	45%	\$239,301,216	9%	\$29,897,250	12%
13-18	86,833	13%	43,577	50%	\$217,740,503	8%	\$74,032,357	34%
19-21	31,718	5%	22,189	70%	\$75,824,046	3%	\$17,529,288	23%
22-44	157,680	23%	109,177	69%	\$657,263,983	25%	\$258,908,485	39%
45-64	50,896	7%	29,116	57%	\$516,234,456	19%	\$278,863,264	54%
65 and older	65,297	10%	59,090	90%	\$726,879,315	27%	\$673,533,753	93%
Gender								
Female	421,664	61%	260,015	62%	\$1,535,987,809	58%	\$819,835,202	53%
Male	265,170	39%	135,014	51%	\$1,131,710,984	42%	\$549,346,901	49%
Race								
White	234,389	34%	141,321	60%	\$1,213,755,094	46%	\$750,878,175	62%
Black	381,543	56%	209,750	55%	\$1,269,817,805	48%	\$533,501,831	42%
Hispanic	32,738	5%	20,818	64%	\$57,249,864	2%	\$22,482,154	39%
American Indian/Alaskan Native	1,269	0%	741	58%	\$4,065,940	0%	\$1,615,152	40%
Asian/Pacific Islander	15,931	2%	9,898	62%	\$45,437,479	2%	\$18,131,193	40%
Other/Unknown	20,964	3%	12,501	60%	\$77,372,611	3%	\$42,573,598	55%
Dual Status								
Aged Duals with Full Medicaid	44,921	7%	43,527	97%	\$623,712,162	23%	\$607,918,968	97%
Disabled Duals with Full Medicaid	22,943	3%	20,981	91%	\$295,222,071	11%	\$266,699,477	90%
Duals with Limited Medicaid	17,189	3%	17,180	100%	\$36,918,160	1%	\$35,965,140	97%
Other Duals	834	0%	717	86%	\$2,353,298	0%	\$1,522,139	65%
Disabled Non-Duals	76,973	11%	22,814	30%	\$925,074,097	35%	\$269,188,578	29%
All Other Non-Duals	523,974	76%	289,810	55%	\$784,419,005	29%	\$187,887,801	24%
Eligibility Group								
Aged	54,209	8%	49,883	92%	\$642,517,397	24%	\$607,036,427	94%
Disabled	114,494	17%	58,046	51%	\$1,294,859,194	49%	\$605,605,639	47%
Adults	146,974	21%	113,988	78%	\$225,909,891	8%	\$52,478,775	23%
Children	371,157	54%	173,112	47%	\$504,412,311	19%	\$104,061,262	21%

Notes: Months are defined as fee-for-service (FFS) if they are months when an individual is enrolled in Medicaid but not in a Medicaid capitated comprehensive managed care or behavioral managed care plan. For subsequent tables, only FFS months are included.

Beneficiaries are all individuals enrolled in Medicaid, including children in Medicaid-SCHIP, for at least one month in the calendar year.

Expenditures are claims-based Medicaid payments, including both federal and state share.

Expenditures for FFS months are defined as expenditures for services during FFS months minus expenditures for capitation premium payments.

Eligibility Groups are mutually exclusive. All individuals age 65 or over are in the Aged group; all remaining individuals who are in Medicaid due to disability are in the Disabled group; remaining individuals are classified as Adults or Children according to whether they are classified as Adults or Children in state enrollment files.

TABLE 2
MEDICAID FFS MENTAL HEALTH BENEFICIARIES AND EXPENDITURES
COMPARED TO TOTAL FFS BENEFICIARIES AND EXPENDITURES
MARYLAND, CALENDAR YEAR 1999

	Total Number of Beneficiaries in FFS Population	FFS Mental Health Population		Total Expenditures for FFS Population	FFS Expenditures for Mental Health Population	
		Number of Beneficiaries	Percent of Total FFS Beneficiaries		Total Amount	Percent of Total FFS Expenditures
All	395,029	28,845	7%	\$1,369,182,103	\$313,126,600	23%
Age						
0-3	43,339	288	1%	\$29,109,796	\$829,550	3%
4-5	21,975	584	3%	\$7,277,261	\$1,134,732	16%
6-12	66,557	5,077	8%	\$29,897,250	\$14,470,979	48%
13-18	43,577	4,340	10%	\$74,032,357	\$56,913,214	77%
19-21	22,189	797	4%	\$17,529,288	\$4,320,107	25%
22-44	109,177	8,704	8%	\$258,908,485	\$73,642,871	28%
45-64	29,116	4,822	17%	\$278,863,264	\$70,244,529	25%
65 and Older	59,090	4,233	7%	\$673,533,753	\$91,570,618	14%
Gender						
Female	260,015	15,383	6%	\$819,835,202	\$158,068,900	19%
Male	135,014	13,462	10%	\$549,346,901	\$155,057,700	28%
Race						
White	141,321	15,294	11%	\$750,878,175	\$181,699,113	24%
Black	209,750	12,113	6%	\$533,501,831	\$117,176,981	22%
Hispanic	20,818	448	2%	\$22,482,154	\$2,799,666	12%
American Indian/Alaskan Native	741	59	8%	\$1,615,152	\$560,094	35%
Asian/Pacific Islander	9,898	284	3%	\$18,131,193	\$2,383,180	13%
Other/Unknown	12,501	647	5%	\$42,573,598	\$8,507,566	20%
Dual Status						
Aged Duals with Full Medicaid	43,527	3,540	8%	\$607,918,968	\$81,896,618	13%
Disabled Duals with Full Medicaid	20,981	5,674	27%	\$266,699,477	\$95,035,973	36%
Duals with Limited Medicaid	17,180	1,681	10%	\$35,965,140	\$7,604,955	21%
Other Duals	717	71	10%	\$1,522,139	\$407,446	27%
Disabled Non-Duals	22,814	4,931	22%	\$269,188,578	\$58,079,089	22%
All Other Non-Duals	289,810	12,948	4%	\$187,887,801	\$70,102,519	37%
Eligibility Group						
Aged	49,883	3,452	7%	\$607,036,427	\$80,144,762	13%
Disabled	58,046	12,544	22%	\$605,605,639	\$167,791,784	28%
Adults	113,988	3,151	3%	\$52,478,775	\$4,327,178	8%
Children	173,112	9,698	6%	\$104,061,262	\$60,862,876	58%

Note: The FFS mental health population includes all FFS beneficiaries who had one or more of the mental health diagnoses shown in Table 3 as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during the year (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

Expenditures are claims-based Medicaid payments, including both federal and state share.

Expenditures for FFS months are defined as expenditures for services during FFS months minus expenditures for capitation premium payments.

Eligibility Groups are mutually exclusive. All individuals age 65 or over are in the Aged group; all remaining individuals who are in Medicaid due to disability are in the Disabled group; remaining individuals are classified as Adults or Children according to whether they are classified as Adults or Children in state enrollment files.

TABLE 3
MEDICAID FFS MENTAL HEALTH POPULATION
BY DIAGNOSTIC CATEGORY AND AGE GROUP
MARYLAND, CALENDAR YEAR 1999

Diagnostic Category	FFS Mental Health Population							
	All Ages		21 and Under		22-64		65 and Older	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Schizophrenia	4,377	15%	136	1%	3,448	25%	793	19%
Major depression and affective psychoses	7,464	26%	1,562	14%	4,839	36%	1,063	25%
Other psychoses	1,252	4%	85	1%	581	4%	586	14%
Childhood psychoses	141	0%	88	1%	50	0%	3	0%
Neurotic & other depressive disorders	5,376	19%	1,537	14%	2,854	21%	985	23%
Personality disorders	268	1%	68	1%	122	1%	78	2%
Other mental disorders	469	2%	38	0%	235	2%	196	5%
Special symptoms or syndromes	558	2%	244	2%	177	1%	137	3%
Stress & adjustment reactions	3,465	12%	2,252	20%	880	7%	333	8%
Conduct disorders	1,396	5%	1,070	10%	281	2%	45	1%
Emotional disturbances	1,447	5%	1,433	13%	11	0%	3	0%
Hyperkinetic syndrome	2,622	9%	2,573	23%	48	0%	1	0%
No Diagnosis	10	0%	0	0%	0	0%	10	0%
Total	28,845	100%	11,086	100%	13,526	100%	4,233	100%

Notes: The FFS mental health population includes all FFS beneficiaries who had one or more of the mental health diagnoses shown in this table as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during the year (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

The diagnostic category for each user is the one that occurred most frequently among primary diagnoses on claims during the year.

Schizophrenia (ICD-9 CM diagnosis codes beginning with 295) includes both chronic and acute schizophrenic disorders.

Major depression and affective psychoses (ICD-9 CM diagnosis codes beginning with 296) includes manic, depressive, and bipolar disorders.

Other psychoses (ICD-9 CM diagnosis codes beginning with 297 or 298) includes paranoid states, delusional disorders, depressive psychosis, and reactive psychoses.

Childhood psychoses (ICD-9 CM diagnosis codes beginning with 299) includes infantile autism, disintegrative disorders, and childhood type schizophrenia.

Neurotic & other depressive disorders (ICD-9 CM diagnosis codes beginning with 300 or 311) includes anxiety states; phobic, obsessive compulsive, and other neurotic disorders; and unspecified depressive disorders.

Personality disorders (ICD-9 CM diagnosis codes beginning with 301) includes affective, schizoid, explosive, histrionic, antisocial, dependent, and other personality disorders.

Other mental disorders (ICD-9 CM diagnosis codes beginning with 302, 306, or 310) includes sexual deviations, physiological malfunction arising from mental factors, and nonpsychotic mental disorders due to organic brain damage.

Special symptoms or syndromes (ICD-9 CM diagnosis codes beginning with 307) includes eating disorders, tics and repetitive movement disorders, sleep disorders, and enuresis.

Stress & adjustment reactions (ICD-9 CM diagnosis codes beginning with 308 or 309) includes acute reaction to stress; depressive reaction, and separation disorders, and conduct disturbance.

Conduct disorders (ICD-9 CM diagnosis codes beginning with 312) includes aggressive outbursts, truancy, delinquency, kleptomania, impulse control disorder, and other conduct disorders.

Emotional disturbances (ICD-9 CM diagnosis codes beginning with 313) includes overanxious disorder, shyness, relationship problems and other mixed emotional disturbances of childhood or adolescence such as oppositional disorder.

Hyperkinetic syndrome (ICD-9 CM diagnosis codes beginning with 314) includes attention deficit with and without hyperactivity and hyperkinesis with or without developmental delay.

TABLE 4
PSYCHIATRIC AND GENERAL INPATIENT HOSPITAL USE AND AVERAGE ANNUAL HOSPITAL DAYS PER USER
FOR MEDICAID FFS MENTAL HEALTH POPULATION, BY SEX AND AGE GROUP
MARYLAND, CALENDAR YEAR 1999

Sex	Age Group	Psychiatric Hospital		General Inpatient Hospital		Total Inpatient Hospital			General Inpatient Hospital Use by FFS MH Population for Non-Mental Health Diagnoses		
				Mental Health Treatment		Mental Health Treatment					
		Number of Users	Average Annual Days Per User	Number of Users	Average Annual Days Per User	Number of Users	Percent of Total FFS Mental Health Beneficiaries	Average Annual Days Per User	Number of Users	Percent of Total FFS Mental Health Beneficiaries	Average Annual Days Per User
Female	0-3	0	0	0	0	0	0%	0	14	12%	13
	4-5	0	0	1	96	1	0%	96	3	1%	34
	6-12	54	126	15	33	66	4%	111	12	1%	14
	13-18	440	153	40	25	472	24%	144	74	4%	14
	19-21	20	98	32	6	49	10%	44	28	6%	4
	22-44	1	14	287	7	288	6%	7	547	11%	7
	45-64	0	0	99	8	99	4%	8	548	20%	5
	65+	78	243	30	5	106	3%	180	1,118	35%	1
	All Ages	593	160	504	9	1,081	7%	92	2,344	15%	4
Male	0-3	0	0	0	0	0	0%	0	11	6%	22
	4-5	2	15	2	55	4	1%	35	3	1%	12
	6-12	145	134	38	21	176	5%	115	13	0%	10
	13-18	652	157	33	11	668	28%	154	56	2%	27
	19-21	41	110	32	11	68	23%	71	21	7%	41
	22-44	0	0	280	7	280	8%	7	506	14%	10
	45-64	0	0	88	6	88	4%	6	492	24%	9
	65+	38	290	18	5	56	5%	198	386	36%	1
	All Ages	878	157	491	9	1,340	10%	106	1,488	11%	9
Total	0-3	0	0	0	0	0	0%	0	25	9%	17
	4-5	2	15	3	68	5	1%	47	6	1%	23
	6-12	199	132	53	24	242	5%	114	25	0%	12
	13-18	1,092	156	73	18	1,140	26%	150	130	3%	20
	19-21	61	106	64	8	117	15%	60	49	6%	20
	22-44	1	14	567	7	568	7%	7	1,053	12%	9
	45-64	0	0	187	7	187	4%	7	1,040	22%	7
	65+	116	258	48	5	162	4%	186	1,504	36%	1
	All Ages	1,471	158	995	9	2,421	8%	100	3,832	13%	6

Notes: All beneficiaries in this table had a mental health diagnosis as the primary diagnosis on a FFS Medicaid claim during 1999, or received a clearly identifiable mental health service (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

Those who received inpatient hospital services for which the primary diagnosis on the hospital claim was a mental health diagnosis are shown in the "General Inpatient Hospital – Mental Health Treatment" column. Those who received inpatient hospital services for which the primary diagnosis on the claim was not a mental health diagnosis are shown in the "General Inpatient Hospital Use by FFS MH Population for Non-Mental Health Diagnoses" column.

When a dually eligible beneficiary's inpatient stay is primarily covered by Medicare, Medicaid often pays a deductible. Some states interpret their payment of the deductible as Medicaid coverage for one day of the stay. Other states interpret "Medicaid covered days" as including only days covered in full by Medicaid, and thus report zero covered days on a crossover stay. Another group of states reports the number of days covered by Medicare as covered days. Finally, many states do not retain any details about lengths of stay on crossover claims. For any one or combination of these reasons, average lengths of stay for beneficiaries who are dually eligible (most aged and some adults) are inaccurately reduced because of the presence of individual claims with "1" or "0" covered days. In some circumstances this even causes inpatient hospital stays to average "0" days in length, and it explains more generally the low numbers that appear for some groups on Table 4.

Individuals may appear in more than one column on this table.

TABLE 5
EMERGENCY ROOM USE FOR MEDICAID FFS MENTAL HEALTH AND NON-MENTAL
HEALTH BENEFICIARIES, BY SEX AND AGE GROUP
MARYLAND, CALENDAR YEAR 1999

Sex	Age Group	Mental Health Beneficiaries With Any Emergency Room Use					Non- Mental Health Beneficiaries With Any Emergency Room Use		
		Number	Percent of Total FFS Mental Health Beneficiaries	Average Number of Emergency Room Visits for Users of Any ER Visits			Number	Percent of Total FFS Non-Mental Health Beneficiaries	Number of Emergency Room Visits for Users of Any ER Visits
				For Mental Health Treatment	For Non-Mental Health Treatment	All ER Visits			
Female	0-3	21	18%	0.19	1.33	1.52	1,383	6%	1.30
	4-5	23	11%	0.04	1.83	1.87	396	4%	1.28
	6-12	138	8%	1.37	0.98	2.35	901	3%	1.27
	13-18	419	21%	0.51	1.48	1.99	1,545	7%	1.52
	19-21	151	30%	0.70	1.84	2.54	2,231	13%	1.58
	22-44	2,090	41%	3.17	2.79	5.97	9,608	11%	2.07
	45-64	1,566	57%	4.03	3.61	7.64	4,800	34%	3.47
	65+	2,065	65%	1.81	3.40	5.21	15,234	37%	2.89
	All Ages	6,473	42%	2.65	3.03	5.69	36,099	15%	2.49
Male	0-3	28	16%	0.04	1.71	1.75	1,590	7%	1.35
	4-5	32	8%	0.19	1.28	1.47	391	4%	1.28
	6-12	295	9%	0.93	0.97	1.90	932	3%	1.29
	13-18	422	18%	0.62	1.43	2.05	751	4%	1.38
	19-21	92	31%	2.23	1.18	3.41	347	8%	1.90
	22-44	1,870	51%	6.99	3.19	10.18	3,461	26%	3.45
	45-64	1,163	56%	7.38	3.41	10.79	3,487	34%	3.86
	65+	728	68%	1.57	3.54	5.11	4,773	34%	2.94
	All Ages	4,630	34%	5.08	2.94	8.02	15,732	13%	2.86
Total	0-3	49	17%	0.10	1.55	1.65	2,973	7%	1.32
	4-5	55	9%	0.13	1.51	1.64	787	4%	1.28
	6-12	433	9%	1.07	0.97	2.04	1,833	3%	1.28
	13-18	841	19%	0.56	1.46	2.02	2,296	6%	1.47
	19-21	243	30%	1.28	1.59	2.87	2,578	12%	1.62
	22-44	3,960	46%	4.97	2.98	7.96	13,069	13%	2.43
	45-64	2,729	57%	5.46	3.53	8.98	8,287	34%	3.64
	65+	2,793	66%	1.74	3.44	5.18	20,007	36%	2.91
	All Ages	11,103	38%	3.67	2.99	6.66	51,831	14%	2.60

Notes: An emergency room visit is classified as "for mental health treatment" if one of the mental health diagnoses in Table 3 is shown as the primary diagnosis on the emergency room claim. If any other diagnosis is shown as the primary diagnosis on the claim, the emergency room visit is classified as being for non-mental health treatment. Visits are defined by unique dates of service.

FFS mental health beneficiaries include all FFS beneficiaries who had one or more of the mental health diagnoses shown in Table 3 as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during the year (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

TABLE 6
PRESCRIPTION PSYCHOTROPIC DRUG USE FOR MEDICAID FFS MENTAL HEALTH
AND NON-MENTAL HEALTH BENEFICIARIES, BY AGE GROUP
MARYLAND, CALENDAR YEAR 1999

Age Group	Total FFS Beneficiaries with Any Psychotropic Drug Use		FFS Mental Health Beneficiaries with Any Psychotropic Drug Use		FFS Non-Mental Health Beneficiaries with Any Psychotropic Drug Use	
	Number	Percent of Total FFS Beneficiaries	Number	Percent of Total FFS MH Beneficiaries	Number	Percent of Total FFS Non-MH Beneficiaries
0-3	505	1%	18	6%	487	1%
4-5	404	2%	172	29%	232	1%
6-12	3,555	5%	2,268	45%	1,287	2%
13-18	2,764	6%	1,975	46%	789	2%
19-21	660	3%	352	44%	308	1%
22-44	12,343	11%	6,270	72%	6,073	6%
45-64	10,404	36%	4,050	84%	6,354	26%
65+	22,986	39%	3,486	82%	19,500	36%
All Ages	53,622	14%	18,591	64%	35,031	10%

Notes: FFS mental health beneficiaries include all FFS beneficiaries who had one or more of the mental health diagnoses shown in Table 3 as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during 1999 (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

Psychotropic drugs are defined as drugs in any of the categories shown on Table 7, as grouped by Multum prescription drug grouping software.

Non-mental health beneficiaries who are dual eligibles may have received mental health treatment under Medicare that is not seen in Medicaid coinsurance claims.

TABLE 7
PERCENT OF MEDICAID FFS MENTAL HEALTH BENEFICIARIES AGE 21 AND UNDER WHO
USED PRESCRIPTION PSYCHOTROPIC DRUGS,
BY DIAGNOSTIC CATEGORY AND DRUG TYPE
MARYLAND, CALENDAR YEAR 1999

Diagnostic Category	Number of FFS MH Beneficiaries by Diagnostic Category	Type of Psychotropic Drug						No Psychotropic Drug Use
		Antidepressants	Antipsychotics	Anti-Anxiety Agents	Mood Stabilizing Agents	Stimulants	More than One Psychotropic Drug Type	
Schizophrenia	136	32%	69%	19%	13%	6%	44%	4%
Major depression and affective psychoses	1,562	51%	37%	20%	12%	19%	42%	8%
Other psychoses	85	25%	48%	13%	6%	11%	35%	5%
Childhood psychoses	88	13%	14%	5%	0%	15%	13%	7%
Neurotic & other depressive disorders	1,537	33%	13%	10%	2%	13%	20%	10%
Personality disorders	68	18%	12%	7%	0%	6%	13%	19%
Other mental disorders	38	16%	5%	3%	0%	3%	8%	16%
Special symptoms or syndromes	244	7%	5%	6%	1%	5%	5%	21%
Stress & adjustment reactions	2,252	10%	4%	4%	0%	10%	6%	14%
Conduct disorders	1,070	13%	9%	6%	1%	14%	10%	11%
Emotional disturbances	1,433	15%	11%	6%	2%	18%	15%	8%
Hyperkinetic syndrome	2,573	13%	8%	6%	1%	61%	17%	5%
No Diagnosis	0	0%	0%	0%	0%	0%	0%	0%
Total	11,086	21%	14%	8%	3%	25%	18%	57%

Notes: The percentages shown do not add to 100 percent because service users with a specific diagnosis may use more than one type of drug. Psychotropic drugs are defined and grouped according to Multum prescription drug grouping software.

The diagnostic category for each user was the beneficiary's most frequent diagnosis category in the year.

FFS mental health beneficiaries include all FFS beneficiaries who had one or more of the mental health diagnoses shown in this table as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during the year (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

TABLE 8
PERCENT OF MEDICAID FFS MENTAL HEALTH BENEFICIARIES AGE 22 TO 64 WHO
USED PRESCRIPTION PSYCHOTROPIC DRUGS,
BY DIAGNOSTIC CATEGORY AND DRUG TYPE
MARYLAND, CALENDAR YEAR 1999

Diagnostic Category	Number of FFS MH Beneficiaries by Diagnostic Category	Type of Psychotropic Drug						No Psychotropic Drug Use
		Antidepressants	Antipsychotics	Anti-Anxiety Agents	Mood Stabilizing Agents	Stimulants	More than One Psychotropic Drug Type	
Schizophrenia	3,448	40%	87%	33%	12%	1%	57%	2%
Major depression and affective psychoses	4,839	64%	39%	40%	12%	2%	53%	6%
Other psychoses	581	34%	65%	31%	4%	1%	44%	9%
Childhood psychoses	50	50%	66%	40%	4%	2%	60%	10%
Neurotic & other depressive disorders	2,854	55%	21%	38%	3%	2%	39%	12%
Personality disorders	122	43%	35%	42%	2%	2%	43%	16%
Other mental disorders	235	33%	34%	31%	2%	2%	30%	21%
Special symptoms or syndromes	177	42%	23%	34%	1%	2%	34%	16%
Stress & adjustment reactions	880	40%	12%	27%	1%	1%	26%	17%
Conduct disorders	281	37%	64%	45%	8%	0%	55%	10%
Emotional disturbances	11	36%	18%	18%	9%	9%	18%	0%
Hyperkinetic syndrome	48	31%	15%	17%	2%	29%	31%	17%
No Diagnosis	0	0%	0%	0%	0%	0%	0%	0%
Total	13,526	52%	47%	36%	8%	2%	48%	24%

Notes: The percentages shown do not add to 100 percent because service users with a specific diagnosis may use more than one type of drug. Psychotropic drugs are defined and grouped according to Multum prescription drug grouping software.

The diagnostic category for each user was the beneficiary's most frequent diagnosis category in the year.

FFS mental health beneficiaries include all FFS beneficiaries who had one or more of the mental health diagnoses shown in this table as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during the year (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

TABLE 9
PERCENT OF MEDICAID FFS MENTAL HEALTH BENEFICIARIES AGE 65 AND OLDER WHO
USED PRESCRIPTION PSYCHOTROPIC DRUGS,
BY DIAGNOSTIC CATEGORY AND DRUG TYPE
MARYLAND, CALENDAR YEAR 1999

Diagnostic Category	Number of FFS MH Beneficiaries by Diagnostic Category	Type of Psychotropic Drug						No Psychotropic Drug Use
		Antidepressants	Antipsychotics	Anti-Anxiety Agents	Mood Stabilizing Agents	Stimulants	More than One Psychotropic Drug Type	
Schizophrenia	793	35%	81%	35%	6%	1%	52%	4%
Major depression and affective psychoses	1,063	71%	47%	49%	8%	3%	62%	5%
Other psychoses	586	39%	50%	35%	1%	1%	41%	23%
Childhood psychoses	3	33%	0%	0%	0%	0%	0%	33%
Neurotic & other depressive disorders	985	59%	29%	54%	1%	1%	46%	15%
Personality disorders	78	62%	62%	51%	0%	1%	59%	8%
Other mental disorders	196	31%	33%	34%	2%	0%	30%	35%
Special symptoms or syndromes	137	46%	34%	47%	1%	2%	42%	25%
Stress & adjustment reactions	333	71%	32%	47%	1%	2%	50%	12%
Conduct disorders	45	49%	80%	58%	2%	0%	64%	4%
Emotional disturbances	3	33%	0%	0%	0%	0%	0%	33%
Hyperkinetic syndrome	1	0%	100%	0%	0%	0%	0%	0%
No Diagnosis	10	0%	10%	10%	0%	0%	10%	0%
Total	4,233	54%	48%	45%	4%	2%	50%	18%

Notes: The percentages shown do not add to 100 percent because service users with a specific diagnosis may use more than one type of drug. Psychotropic drugs are defined and grouped according to Multum prescription drug grouping software.

The diagnostic category for each user was the beneficiary's most frequent diagnosis category in the year.

FFS mental health beneficiaries include all FFS beneficiaries who had one or more of the mental health diagnoses shown in this table as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during the year (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).